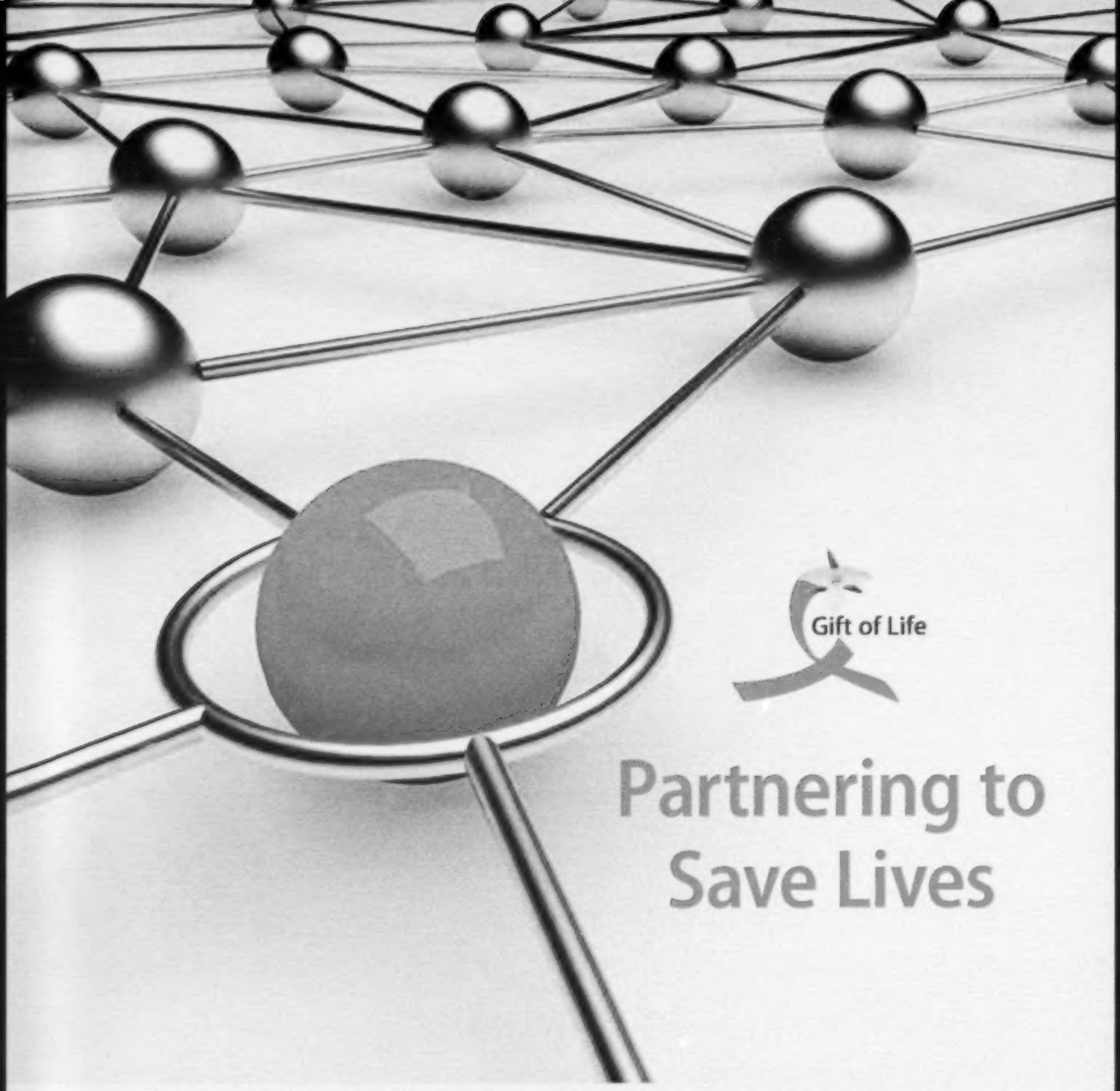

Gift of Life

Partnering to Save Lives

Trillium Gift of Life Network **Annual Report 2013/14**

Ontario

Trillium Gift of Life Network

Mission

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

Values

We are an effective, innovative leader in organ and tissue donation and transplantation, working in an environment of honesty, trust, respect, compassion and cooperation.

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Ronnie Gavsie, President and CEO, TGLN, with Rabbi Dr. Reuven P. Bulka, Board Chair

This year — as every year — our success was made possible by the dedication of our Board members and staff, the collaboration of our partners and stakeholders and the hard work of our many volunteers.

Message from the Chair of the Board and the President and CEO

We are honoured to present the Trillium Gift of Life Network (TGLN) fiscal year 2013/14 Annual Report, and to highlight the culture and colleagues that have been key to TGLN's achievements.

Cultivating and strengthening our relationships with partners that are critical to saving lives through donation and transplant has long been a major focus at TGLN. These partners include the 52 designated Ontario hospitals that enable organ and tissue donation; the eight Ontario hospitals that undertake life-saving organ transplants; ServiceOntario, which brings the majority of Ontario's consent registrations; and Canadian Blood Services, which, through national registries, enables the sharing of life-saving organs across Canada. 2013/14 saw a highly concerted effort to engage these colleagues even further, introducing into our relationships measureable performance parameters that rightly profile the accountability we all share for Ontario's results.

It is TGLN's philosophy and practice to impose constant demand for best effort. We set the bar high — with stretch targets that require us to reach far beyond our grasp — rather than to attain softer and easier goals.

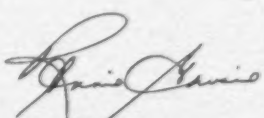
Thus, in addition to the lives saved in 2013/14, we have set our sights on pre-positioning Ontario for

longer-term macro shifts in donation and transplant results. In particular, we have partnered closely with ServiceOntario and the Ministry of Health and Long-Term Care (MOHLTC) to set the groundwork for the registration of consent for donation becoming a cultural norm. We have enhanced the level of physician/TGLN partnership with the goal of ensuring that end-of-life care supports the right of every family to have the opportunity to choose donation. We have introduced the steps required to provide physicians with provincial data on transplant outcomes — data that will feed back into research and practice. These initiatives are not short-term magic bullets. Rather, they are all front-end investments in very large, longer-term goals.

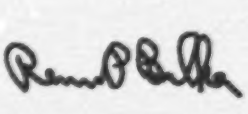
As long as one patient dies on the wait list — dies waiting — the intensity and urgency of TGLN's work climb. We do not climb alone. Reaching new heights depends now, as it always has, on the commitment of our health care partners, the energy of our many advocates and the unwavering support of MOHLTC. We thank them all.

To donor families, we thank you for your generosity and courage, and for your inspiration to us.

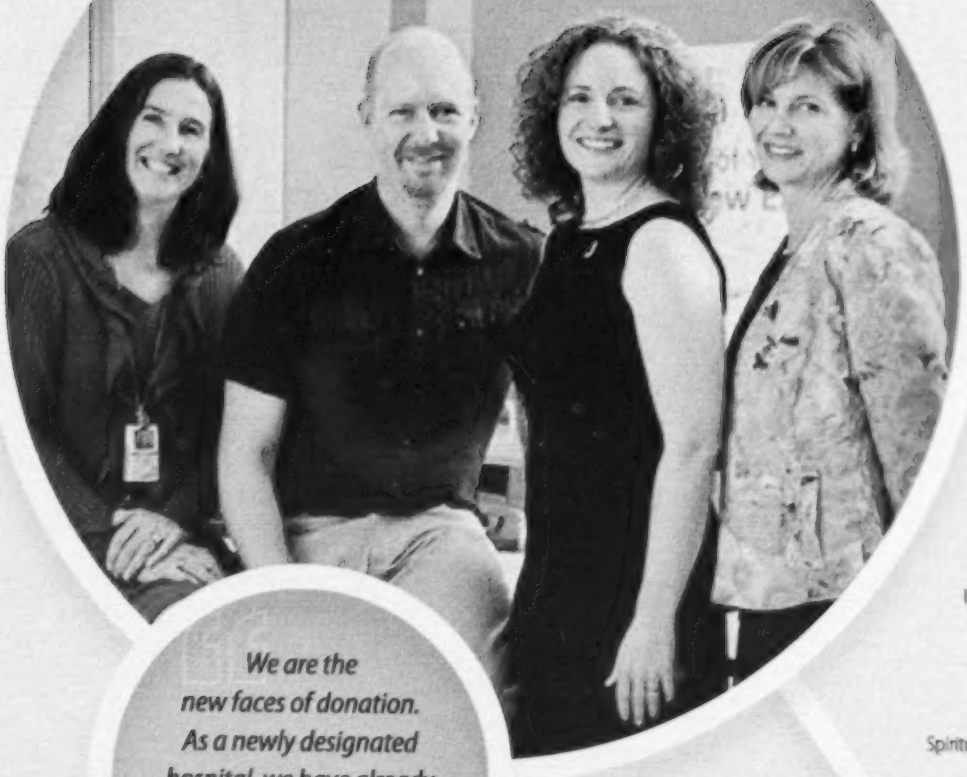
Finally, to our Board of Directors and staff, we extend our profound gratitude for your tremendous efforts toward a singular shared goal — saving more lives.



Ronnie Gavsie
President and CEO



Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors



Left to right:

Jill Randall
Director – Emergency, Critical Care and Mental Health

Geoff Flannagan
Manager – Intensive Care Unit & Respiratory Therapy

Julie McBrie
Director – Surgery, Maternal and Child

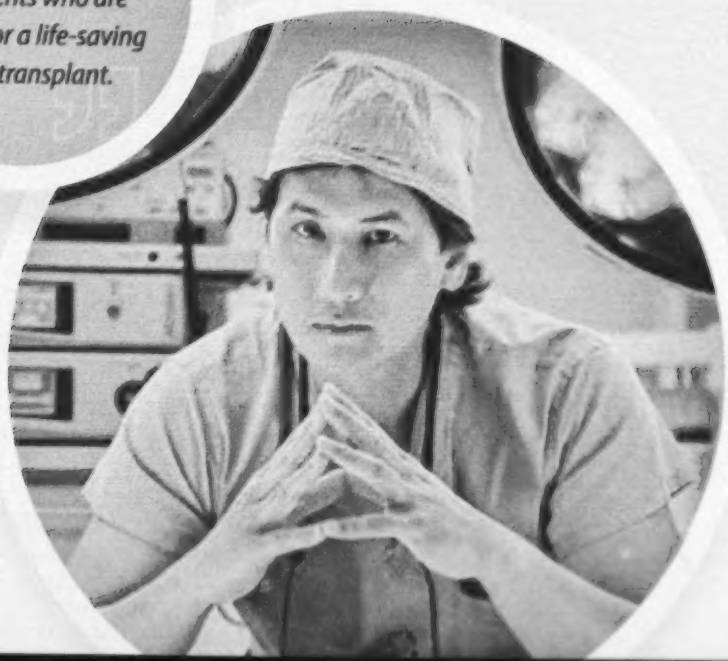
Margo MacCuish
Spiritual Care Coordinator

We are the new faces of donation. As a newly designated hospital, we have already helped save seven lives and transformed 14 more.

Organ and Tissue Donation Committee
Joseph Brant Memorial Hospital, Burlington

The transplant team is the face of hope for patients who are waiting for a life-saving organ transplant.

Dr. Patrick Luke
Transplant surgeon, London Health Sciences Centre, University Hospital



TGLN's 2013/14 BUSINESS PLAN AT A GLANCE

Mission:

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

2013/14 Goals:

Support transplantation through effective oversight and collaboration with stakeholders.	Maximize organ and tissue donation for transplantation in partnership with stakeholders.	Inspire and motivate Ontarians to register consent to donate organs and tissues.	Deliver high-quality and efficient operations through leading practices in staff engagement, process improvement and information technology.

2013/14 Objectives:

- Develop a provincial transplant system that provides equitable access through standardized process and planning to enable better patient outcomes.

- Achieve a 63–67 percent TGLN conversion rate for organ donation at tier 1 hospitals, 253–266 donors and 3.61 organ yield/donor.
- Achieve a 35 percent tissue consent rate, 1,750–2,000 ocular tissue donors and 215–230 multi-tissue donations.

- Increase registered donors by 255,000–313,000.

- Enhance and sustain the Quality Management System (QMS) that supports continuous quality improvement and meeting of quality standards.
- Improve Information Systems (IS) to support efficient operations and evidence-based decision-making.
- Recognize, reward and cultivate performance excellence.

ServiceOntario Agincourt staff

OBJECTIVE 1

Develop a provincial transplant system that provides equitable access through standardized process and planning to enable better patient outcomes

The new system improves access to kidney transplants and minimizes geographical differences in wait times.

Trillium Gift of Life Network continued its partnership with Ontario transplant hospitals to develop a provincial transplant system. Key areas of focus were the creation and development of a new kidney algorithm to decrease wait times and improve access, the development of a provincial protocol to support vascular composite allotransplantation (VCA),[1] and public reporting of transplant volumes and organ type by transplant centre. All were achieved through the collaborative efforts of clinical experts from each transplant program.

New Kidney Algorithm Decreases Wait Times and Improves Access

In February 2014, in partnership with transplant centres across Ontario, TGLN implemented changes to the allocation of kidneys from deceased donors.[2] The changes were in response to recommendations by the Office of the Auditor General of Ontario and the Organ and Tissue Transplantation Wait Times Expert Panel to more equitably allocate kidneys across the province.

In the previous allocation model, donor kidneys that became available in one of five regions (London, Toronto, Ottawa, Hamilton and Kingston) were allocated to patients waiting for kidney transplants within that region. This resulted in a significant variation in wait times across the province for patients needing kidney transplants.

Through the provincial Kidney and Pancreas Working Group, which includes representatives from Ontario's kidney transplant centres, and with the aid of a simulation model, a new provincial sharing system was created. Under this model, kidneys are matched and allocated both locally and on a provincial basis:

- The first donor kidney is allocated based on the local wait list; and
- The second donor kidney is offered to patients on the provincial wait list.

Allocation under the new system is supported by virtual cross-matching, which helps to ensure that the organ is suitable for the recipient and also helps predict how the recipient's human leukocyte antigen (HLA) antibodies will react with the potential donor organ. In addition, a points system is used in the new allocation model, giving consideration for time waiting and patient sensitization.

The new system improves access to kidney transplants and minimizes geographical differences in wait times. It also improves access to kidneys for sensitized patients (those for whom it is hard to find a donor who is a match) by giving them access to all donor kidneys in the province, thereby reducing the long wait times these patients typically experience.

Changes were also made to the Local Health Integration Network (LHIN) referral catchment areas. The resulting referral patterns were created to support equitable distribution of patients among transplant programs and increase access to transplantation. TGLN worked with the transplant community and the Ontario Renal Network (ORN) to establish the standardized referral form that supports this work.

1 **Vascular composite allotransplantation (VCA):** The transplantation of multiple tissues, such as muscle, bone, nerve and skin, as a functional unit. Examples include upper limb (hand), facial tissue and the abdominal wall.

2 **Donor:** A deceased patient who has donated at least one organ that was recovered and transplanted.

The implementation of the provincial sharing system for kidney transplants was a significant milestone for transplantation in Ontario.

Development of a Provincial Protocol to Support Vascular Composite Allotransplantation

This year, TGLN collaborated with hospital stakeholders to support the provision of VCA in the form of upper-limb ("hand") transplantation in Ontario.

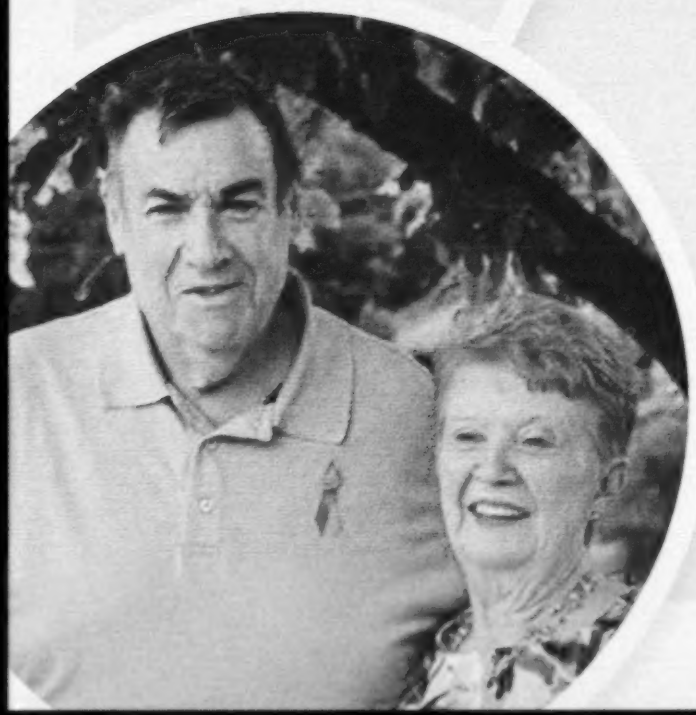
To enable the development of a provincial plan for VCA, TGLN established the VCA Working Group comprising various hospital stakeholders, including organ transplant specialists/surgeons, plastic/hand surgeons, laboratory and critical care representatives and hospital administrators, as well as representatives from TGLN and the Ministry of Health and Long-Term Care (MOHLTC).

The VCA Working Group's main focus has been the development of policies and procedures to guide the delivery of upper-limb transplantation in Ontario. The group developed key criteria documents (donor-exclusion criteria, patient referral criteria and patient listing criteria) and an allocation algorithm. These will support quality care and fair and equitable transplant-related practices for VCA.

Public Reporting of Transplant Volumes and Organ Type by Transplant Centre

In collaboration with transplant hospitals, TGLN furthered its commitment to performance improvement by expanding public reporting of organ transplantation results. Previously, TGLN reported transplant volumes by gender, organ, age and blood group. The TGLN Transplant Steering Committee (TSC), comprising representatives from every Ontario transplant hospital, supported the enhancement of publicly reporting organ transplantation data to include transplant volumes by organ and by hospital.

This information was posted on TGLN's website (www.giftoflife.on.ca) in January 2014, and is updated quarterly.



David Presley (kidney recipient) and his wife Lyn, both long-term TGLN advocates.

In the fall of 2007, when David was diagnosed with end-stage renal failure and told that he would need a kidney transplant, neither of us anticipated the life journey we would be undertaking. We realized that until you or a loved one gets sick and needs a life-saving transplant, you probably would not have given organ and tisssue donation a second thought.

We set about learning everything we could, knowing that the wait for a donor could take over five years due to the shocking lack of registered organ donors and that there was a chance that a donor would not be found; this was our new reality. We became strong advocates for organ and tissue donation, knowing that a simple act of registering to be a donor could potentially save eight lives and improve the lives of 75 others.

After a five-and-a-half-year wait, the call came. The greatest hero we will never meet changed our lives. We will always be grateful and we continue to promote the importance of registering to be an organ and tissue donor, knowing that there are so many others waiting for the gift of life.

OBJECTIVE 2

Achieve a 63–67 percent TGLN conversion rate for organ donation at tier 1 hospitals,[3] 253–266 donors and 3.61 organ yield/donor

This year, more Ontarians than ever were offered the opportunity to donate organs and tissue.

In 2013/14 there were 223 deceased organ donors in Ontario, a 52 percent conversion rate[4] and an organ yield of 3.64 per donor.

Disappointingly, the number of donors and the conversion rate were lower than target, serving as a motivator to work even harder in 2014/15 to reach our goals. Several reasons accounted for the lower numbers:

- Slight province-wide gains in the organ consent rate were offset by a rise in the number of cases ruled medically unsuitable after consent was obtained.
- There was a decrease in the percentage of donation after cardiac death (DCD) donors. Although the number of DCD cases initiated increased by 13 percent over 2012/13 (81 in 2013/14, compared with 72 in 2012/13), the length of the dying process[5] excluded the possibility of donation 35 percent of the time in 2013/14.

The 2013/14 organ yield of 3.63 per donor exceeded the target of 3.61. This reflects the higher utilization of hearts, lungs and pancreas. The ability to repair recovered lungs through ex vivo lung perfusion (an innovative procedure that improves donor lung quality, thereby making lungs that were previously unsuitable safe for transplant) continued to contribute significantly to the overall utilization rate.

This year, more Ontarians than ever were offered the opportunity to donate organs. Families were approached to give the gift of life through organ donation in 659 end-of-life situations. This compares to 602 families who were approached in 2012/13 and 609 families approached in 2011/12.

Originally Designated Hospital[6] Performance

This year, 13 of the 21 originally designated hospitals met or exceeded the provincial conversion rate target of 63 percent:

- Royal Victoria Hospital
- The Ottawa Hospital
- St. Michael's Hospital
- Kingston General Hospital
- Health Sciences North
- Hamilton Health Sciences
- Grand River Hospital
- The Hospital for Sick Children
- London Health Sciences
- Joseph Brant Hospital
- Mount Sinai Hospital
- Southlake Regional Healthcare Centre
- Grey Bruce Health Services

3 **Tier 1 hospitals:** Also referred to as originally designated hospitals; the first 21 hospitals required to report deaths to TGLN. These hospitals initiated reporting to TGLN between 2006 and 2011.

4 **Conversion rate:** Percentage of potential donors who become actual donors, where a potential donor is defined as one who has died or been declared at risk of imminent death on a ventilator and is medically suitable.

5 **Process of dying:** For organ retrieval to be successful, death needs to occur within a specified amount of time, depending on the type of organ to be retrieved for transplant. If death does not occur within this time frame, the retrieval and donation cannot move forward.

6 **Designated hospital:** A hospital that is required by Ontario law to notify TGLN when a patient has died, or is at risk of imminent death.

Having lived a relatively healthy and active life, it came as a shock when, at 51, I became short of breath upon exertion. After two years of medical examinations, I was diagnosed with emphysema and told that I needed a lung transplant. At the time, I was living in Calgary and most of my family and friends lived in my birthplace of Ontario. My wife and I decided to move home in anticipation of a transplant. In the fall of 2001, we drove to Ontario, stopping at various welding shops along the way to pick up full oxygen tanks. I was placed on the waiting list at Toronto General Hospital and by early June 2002, I had become very weak and had lost most, if not all, of the will to live.

However, later that month the phone rang and I received a second chance at life — a double-lung transplant.

Since my transplant, I have enjoyed 12 wonderful years — travelling across Canada, running with the Olympic torch and celebrating the graduation and weddings of our two sons and the birth of three wonderful grandchildren.

To my donor and donor family, for everything your selfless act has given me and my family: THANK YOU, THANK YOU, THANK YOU!

Kurt Penner, TGLN advocate and double-lung recipient.

Six hospitals have now met the annual provincial target conversion rate for three or more years, although the number of hospitals achieving this threshold dropped from seven last year. This change is a reflection of the challenges faced in ensuring that donation opportunities are consistently integrated into end-of-life care practices. The conversion rate is dependent on the timeliness of a hospital's notification of potential organ donation cases to TGLN and the willingness of families to consent to donation. TGLN continues to address the timeliness of notification through general education related to the provincial clinical triggers (GIFT)[7] and by sharing the number of opportunities missed as a result of imminent withdrawal of life support.

Two hospitals surpassed their own record donation numbers in 2013/14: St. Michael's Hospital, with 28 organ donors (21 neurological determination of death [NDD] donors and seven donation after cardiac death [DCD] donors); and William Osler Health Centre, with 11 organ donors. William Osler also reached its highest-ever conversion rate, at 42 percent.

Hamilton Health Sciences reported the highest number of donors (33) in the province.

7 **GIFT: G:** Grave prognosis; **I:** Injured brain on non-recoverable injury/illness; **F:** Family-initiated discussion of donation/withdrawal of life-sustaining therapy (WLS); **T:** Therapy-limited, de-escalation of care/WLS discussion planned.

Newly Designated Hospital[8] Performance

This year, an additional 12 hospitals with level III critical care capacity began reporting to TGLN.

Of the 12, four hospital corporations (and five hospital sites) are located in the North Simcoe Muskoka LHIN (Collingwood General and Marine Hospital, Georgian Bay General Hospital [Midland site], Muskoka Algonquin Healthcare [including Huntsville District Memorial Hospital and South Muskoka Memorial Hospital] and Orillia Soldier's Memorial Hospital) and three are in the northern region of the province (North Bay Regional Health Centre, Sault Area Hospital and Timmins and District Hospital).

To facilitate organ donation at these hospitals, TGLN developed a "near north" call team for the North Simcoe Muskoka LHIN, so that it responds on-site, as well as a northern strategy model to support geographically distant hospitals when immediate on-site support by a TGLN coordinator is not possible.

Several of the newly designated hospitals celebrated donation firsts this year. Donation after cardiac death occurred for the first time at St. Joseph's Health Centre Toronto, Grey Bruce Health Services, Timmins and District Hospital, Chatham-Kent Health Alliance, Sault Area Hospital and North York General Hospital. TGLN also supported Northumberland Hills Hospital (a level II critical care facility) through the donation process, resulting in the hospital's first NDD donor.

Enhanced Physician Leadership: Regional Medical Leads and Hospital-Based Donation Physicians

TGLN enhanced its physician leadership in donation through the introduction of Regional Medical Leads (RMLs) in 2013/14, and prepared to create the Hospital Donation Physician (HDP) role in 2014/15. Regionally based and hospital-based donation physician leadership and accountability have been demonstrated to be key factors in the success of programs in Spain and the United Kingdom.

Regional Medical Leads

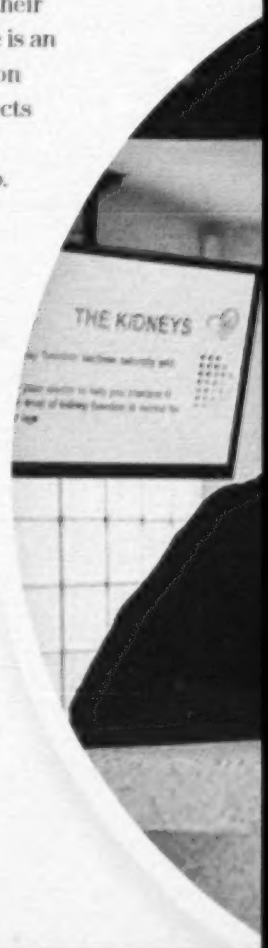
To drive practice change to increase donation performance through the engagement and education of physicians, TGLN created the RML role in 2013/14. RMLs are assigned a predefined regional group of hospitals to provide support, education and donation-case follow-up.

In April 2013, in line with the organization's strategic focus on the GTA, TGLN engaged two RMLs to provide support to physicians in Greater Toronto Area (GTA) hospitals. In January 2014, TGLN initiated the recruitment of three additional RMLs to facilitate adoption of best practice and improve performance in other regions of the province. Each RML responsible for a group of hospitals in a geographically designated area will work closely with TGLN's Chief Medical Officer (CMO) and clinical teams to support the further development of donation programs.

Hospital-Based Donation Physicians

Building on the regional model, TGLN established a formal, accountable and remunerated HDP role in designated hospitals with level III intensive care capacity. HDPs are accountable to both their respective hospitals and to TGLN. The role is an extension of the current informal donation physician champion role and TGLN expects HDPs to foster greater accountability in hospital-donation programs across Ontario. Compensation for HDPs is based on each hospital's donor potential.

The HDP model is being implemented using a phased-in approach, focusing on the GTA in 2013/14. Formal role profiles and letters were sent to 19 hospitals in the GTA, asking them to identify individuals who would be suited to the HDP role. Implementation of HDPs in all designated hospitals will continue in 2014/15.



8 **Newly designated hospitals:** The hospitals required to report deaths to TGLN in or after 2011.

Public Reporting

In 2013/14, TGLN laid the foundation to further enhance public reporting of organ and tissue donation results in an effort to increase transparency and drive performance improvement in hospitals.

This enhanced public reporting was vetted through the Ontario Hospital Association (OHA), TGLN's Donation Steering Committee and MOHLTC. Formal communications were sent to designated hospitals and the LHINs, outlining the process and content of the new reports.

Plans were developed in collaboration with TGLN's Donation Steering Committee and hospitals to collect, validate and report on two new metrics — the routine notification rate[9] and the conversion rate — both at the hospital and provincial level. The public release of this data is planned for early 2014/15.

9 **Routine notification rate:** Rate of compliance with the legislative requirement to report all deaths to TGLN.

TGLN Embraces Diversity to Improve Donation Rates

Communities in the GTA are ethnically and culturally diverse. In respecting the unique needs, end-of-life values and traditions of diverse communities, TGLN developed and launched a strategy for TGLN patient-facing staff and partner health care professionals that included:

- Increasing self-awareness/recognition of personal beliefs about diverse cultures;
- Learning and understanding the family's experience when in the end-of-life situation;
- Using a newly created Diversity Toolkit that identifies the specific end-of-life values and customs of diverse cultures;
- Executing the "Changing Face of Donation" conference and the "Diversity, Donation and End-of-Life" pilot workshop (initially in partnership with William Osler Health Centre) with on-going rollout proceeding; and
- Adding information on ethnic and cultural background, by case, to TGLN's on-going systematized data collection, research and analysis.

TGLN helped us understand how donation can be a part of our beliefs, and how we can support our patients and their families.

Dr. Kadri and colleagues, organizers of a health care professionals' organ and tissue donation awareness event in Windsor

OBJECTIVE 3

Achieve a 35 percent tissue consent rate, 1,750–2,000 ocular tissue donors and 215–230 multi-tissue donations

He loved to give — and, fittingly, he gave his last gift, the gift of sight, to strangers in need.

TGLN met its tissue donation targets this year, with 1,915 ocular tissue and 215 multi-tissue donations (skin, bone and heart valves) and a 42 percent consent rate. These results were achieved through an increase in referrals from newly designated hospitals, as well as the move to hospital-wide reporting of deaths to TGLN.

Comprehensive Tissue Recovery

As part of TGLN's ongoing strategy to improve tissue donation, 27 more hospitals with level III critical care capacity began hospital-wide reporting to TGLN (see sidebar on page 13).

Although the potential for organ donation is very small at many newly designated hospitals, the opportunity to help others through tissue donation remains significant: By the end of 2013/14, 52 hospitals were reporting hospital-wide deaths to TGLN.

Consent Practices

TGLN enhanced the process of obtaining consent for donation from the next of kin by:

- Working with hospitals to ensure compliance on timely reporting of death;

Motorcycling aficionado Mike Gendron was only 52 when he died of cancer. He left behind his loving wife, Tracey Pettrey, his then nine-year-old daughter, Madison, and a long list of heartbroken friends and family — and his Harley.

Working as a firefighter for 30 years, Mike impacted the lives of many. He was a gregarious fellow, the kind of person who could easily start up a conversation anywhere, with anyone — including in the line-up at Tim Horton's. Always first to pick up the tab, his generosity readily extended to those he knew and loved. He had a peculiar need to own every tool possible, and not because he was a collector of things; rather, so he always had the right tool to lend a friend in need. Such was his desire to give.

While he was intending to ease into retirement and spend lazy summer days mowing the lawn, he was instead unwillingly enlisted for his final struggle. Mike was diagnosed with cancer in January 2013. Stubbornly fighting to stay alive, he went through extensive treatment, but died a few short months after receiving his diagnosis.

Before he died, Mike had registered as an organ donor and on his death his corneas were used to restore the sight of two people. Those who knew him were not surprised that, even in death, Mike's generosity continued. He loved life. He loved to give — and, fittingly, he gave his last gift, the gift of sight, to strangers in need.

Mike Gendron, a firefighter and cancer patient, donated his corneas.

- Educating hospital staff on the importance of having TGLN-trained Organ and Tissue Donation Coordinators approach families, rather than hospital health care staff;
- Using a carefully scripted voice message asking families to call the Provincial Resource Centre when next of kin are not available to meet in person; and
- Educating staff on the potential impact of cultural diversity on consent rates for donation.

Recovery Practices

TGLN continues to work with provincial tissue banks to build multi-tissue recovery teams that help maximize donation of bone, skin and heart valves. This year, staff at the Lake Superior Centre for Regenerative Medicine (RegenMed) and Mount Sinai Allograft Technologies have been in training to take on a greater role in the recovery of skin and heart valves and to support recovery across the province. In addition, the establishment of a TGLN eastern recovery team comprising Eye Recovery Coordinators in the Ottawa/Kingston corridor has improved recovery capabilities in this historically under-resourced part of the province.

Partnerships between TGLN and provincial coroners, forensic pathologists and funeral services professionals were also established this year, and these new alliances are improving the opportunity for families to donate when death occurs outside of a hospital.

Hospitals with Level III Critical Care Capacity that Began Hospital-Wide Reporting to TGLN in 2013/14

- Humber River Regional Hospital
- St. Joseph's Health Centre Toronto
- Toronto East General Hospital
- Windsor Regional Hospital
- Peterborough Regional Health Centre
- Bluewater Health
- Chatham-Kent Health Alliance
- Halton Healthcare Services
- Markham Stouffville Hospital
- North York General Hospital
- Rouge Valley Health System
- Brantford General Hospital
- Joseph Brant Hospital
- St. Joseph's Healthcare Hamilton
- Huron Perth Healthcare Alliance
- St. Thomas Elgin General Hospital
- Woodstock General Hospital
- Hôpital Montfort
- Pembroke Regional Hospital
- Queensway-Carleton Hospital
- Ottawa Heart Institute
- Cornwall Community Hospital
- Collingwood General and Marine Hospital
- Georgian Bay General Hospital
- Muskoka Algonquin Healthcare
- Orillia Soldiers' Memorial Hospital
- Timmins and District Hospital

Michelle He and Donna Wong
Registered nurses, North York General Hospital

More families were able to say "yes" to donation in their own language because of our ability to interpret for Trillium Gift of Life Network.

OBJECTIVE 4

Increase registered donors by 255,000–313,000

Registered organ and tissue donors in Ontario grew by 232,628 in 2013/14 to a total of 2.9 million, raising the province's organ and tissue donor registration rate to 25 percent by March 31, 2014. While TGLN fell short of its target to increase registered donors by 255,000, donor registration contributed to an increase in the consent rate for organ and tissue donation.

> In 2013/14, the consent rate for organ donation was 88 percent when the potential donor was registered and 55 percent in the absence of donor registration.

Consistent with TGLN's strategic priority to significantly increase registered donors in the "inner" GTA, efforts continued in 2013/14 to raise the donor registration rate in Toronto, Mississauga, Brampton, Vaughan, Richmond Hill, Markham, Pickering and Ajax. Registered donors in the inner GTA grew by 9.9 percent compared to 8.4 percent in the rest of the province, and donor registration in this region increased from 13.7 percent to 15 percent in 2013/14.

Key strategic initiatives and targeted outreach activities contributed to Ontario's overall increase in registered donors.

ServiceOntario

ServiceOntario remains an important partner in increasing organ donor registrations in Ontario. Through in-centre, mail and online channels, ServiceOntario ensures that the registration process is widely accessible to Ontarians. The largest share of donor registrations in Ontario comes through the in-centre channel when Ontarians are renewing their health card or driver's licence.

TGLN collaborated with ServiceOntario on developing and implementing a multi-pronged strategy to better prompt the public to consider donor registration before their visit to a ServiceOntario centre and to ensure that ServiceOntario staff consistently provided the opportunity for registration to customers. Initiatives implemented in 2013/14 include:

- Simplification of the donor registration question to the public made by ServiceOntario staff and translation of that question into multiple languages;
- Updated and improved organ and tissue donor registration training material;
- Increased compensation for private ServiceOntario centres to reduce financial barriers related to the donor registration transaction;
- Site visits by TGLN to ServiceOntario centres in the inner GTA to thank them for their contribution to saving lives through donor registration;
- Provision of additional in-centre public information material (including multi-lingual and faith-based brochures promoting donor registration) and donor registration branded t-shirts and name tag danglers for staff; and
- A pilot to test a streamlined donor registration form and process.

Workplace Registration Drives

The workplace-registration drive program has grown significantly since its launch in August 2012. The tailored program allows organizations across Ontario to introduce the cause of organ and tissue donation directly to their employees through an easy-to-use toolkit and supporting resources from TGLN. Outreach to organizations continues through a variety of channels, including letters to CEOs, attendance at conferences, contacts provided by our advocates and cold calls. In 2013/14, 55 workplace registration drives were

completed for a total of 100 drives since program launch, contributing to more than 25,000 visits to the online donor registry.

Hospitals continue to be strong supporters of the program, accounting for nearly 30 percent of completed drives, including a collaborative drive with the Toronto transplant centres: The Hospital for Sick Children, University Health Network (UHN) and St. Michael's Hospital. This drive resulted in 3,000 visits to the registry. Other banner workplace partnerships included the University of Toronto, currently our largest-ever drive, with over 4,000 visits to the registry; Canadian Blood Services (CBS); LinkedIn; Peel Regional Police; GE Canada; and the Office of the Information and Privacy Commissioner.

Government Relations

TGLN launched a new government-relations initiative in 2013/14, to encourage political representatives in the inner GTA to become advocates for organ and tissue donation in their communities. TGLN laid the groundwork for increased participation from MPPs and mayors through face-to-face meetings and quarterly communications, including updated donor registration data for communities in their riding.

Marketing and Beadonor.ca Community-Registration Campaigns

In mid-March 2014, TGLN launched a digital marketing campaign focused on increasing donor registrations among adults in Ontario, with a heavy focus on the GTA. The campaign comprised a mix of online

In our darkest hour, we were handed a little light; a light that will forever give us strength and inspiration.

Cheryl and Kevin Boston donated their infant son's organs.

***Keanan Allin Boston**, a beautiful, healthy and happy baby boy, was born on April 1, 2011. Keanan could light up a room with just his smile. He loved to play anywhere and with anyone, read and laugh and whisper secrets. He gave the best hugs and high fives.*

In January 2013, an event that was completely out of our control destroyed our world. In a matter of seconds everything we knew as happy and wonderful was gone.

While in the care of hospital staff, we were approached by Trillium Gift of Life Network to speak about options. We reflected on Keanan's life and the values we taught him about being good and helping others. Every thought of ours went back to "what if we could help?" We knew Keanan would want to help and put a smile on someone's face.

Keanan saved the lives of three people.

Keanan's liver went to a young boy who is flourishing. The adult male who received his kidney is no longer on dialysis. Keanan's heart, also known as his "boom-boom," saved the life of a very young girl who will forever be Keanan's girlfriend.

In our darkest hour, we were handed a little light that will forever give us strength and inspiration. Keanan will always be remembered as a hero and our very Special K.

advertising and social media with the goal of driving more registrations through the online channel.

Through Beadonor.ca, and in tandem with other communications initiatives, the Beadonor.ca campaign now features over 1,500 organizational and personal registration campaigns that have generated over 184,000 visits to the online donor registry.

beadonor.ca

Social Media

TGLN reinforced its highly successful social media presence this year by strategically promoting posts on Facebook and by engaging in discussion with key influencers on Twitter.

We are the new faces of donation. As Regional Medical Leads, we work with hospitals to create a culture of donation.

Dr. Karim Soliman and Dr. Andrew Healey

Our Facebook page gained more than 5,000 new supporters, bringing its total support base to 34,000 individuals. Facebook-promoted posts were viewed by over 600,000 individuals who were previously not connected to TGLN or the cause of organ donation. These posts, along with online advertising, gave TGLN the opportunity to encourage registration, dispel myths and inform and educate the public about the importance of organ and tissue donation.

Our Twitter page (@TrilliumGift) earned almost 1,000 new followers, bringing the total to over 2,200 people. Twitter-engagement initiatives, such as an MPP outreach strategy, resulted in re-tweets that reached almost 140,000 people.

TGLN's social media is a mainly cost-free vehicle used to reach those not previously exposed to organ and tissue donation. Social media is somewhat strengthened by paid advertising, working in tandem to increase the overall registration rate.

Media Relations

In 2013/14, earned media was an important focus for TGLN. Radio, TV, magazine, newspaper and online stories were achieved through TGLN-issued quarterly media releases, seeking additional interview and editorial opportunities and by responding to inquiries from journalists.

Our quarterly media releases focused on different themes, including:

- Growth in registered donors achieved in 2012/13;
- Beadonor.ca organizational and individual registration campaigns;
- The growing number of hospitals formally supporting organ and tissue donation through notification of potential donors to TGLN; and
- The record number of tissue donors achieved in 2013/14.

Each release included updated donor registration data. As part of TGLN's media outreach, many local media outlets featured stories of advocates positively impacted by donation and transplantation, as well as the registration call to action.

Journalists also reached out to TGLN for interviews and comments regularly throughout the year, on topics ranging from the death of advocate and transplant recipient Kayla Baker, to National Organ and Tissue

Organ and tissue donation and transplantation affects someone in your community.

Gopal Kataria with volunteer members of a community group raising awareness for organ and tissue donation, in Windsor

Donation Awareness Week and the release of the Canadian Institute for Health Information's annual organ donation report.

More than 500 pieces of media featured a TGLN volunteer or spokesperson, or TGLN key messages and/or a call to action. These stories had a potential reach of more than 60 million readers.[10]

High School Outreach

Youth continue to be a growing audience, receptive to learning more about organ and tissue donation and transplantation. TGLN's high school outreach initiative expanded into 11 new high schools in the GTA in the 2013/14 school year. Presentations were delivered in partnership with donor family members or transplant recipients and the University of Toronto Transplant Institute (comprising The Hospital for Sick Children, UHN and St. Michael's Hospital) to secondary schools, primarily in the Toronto District School Board and the Toronto Catholic District School Board, but also private and independent schools and other GTA school boards. Seventy-three presentations were booked in 2013/14 at 26 schools and delivered to students aged 15–18.

Community Partners

TGLN struck two new partnerships this year, with the Council of Agencies Serving South Asians (CASSA) and with representatives of the legal profession.

Through CASSA, TGLN began building support and awareness of organ and tissue donation and donor registration among the South Asian community in the GTA. CASSA and its member organizations focused on spreading awareness among the Tamil, Punjabi and Hindu communities through youth-focused events, seniors groups, settlement services and places of worship.

Working with advocates in the legal community, including the Ontario Bar Association and The Law Society of Upper Canada, TGLN sought opportunities to partner in end-of-life planning. This partnership has resulted in the development of a toolkit for legal professionals to support inclusion of donor registration in their discussions with clients on will and estate planning or health care-related issues.

10 **Media Relations Rating Points (MRP)™:** A standardized measure of editorial coverage (i.e., print, broadcast, online) through analysis of tone, cost-per-contact and total reach, as provided by News Canada.

Service club participation increased again this year, with additional Lions Districts and Rotary Clubs becoming involved in organ and tissue donation-focused community outreach. Support and continued promotion of organ and tissue donation expanded within the Jewish and Muslim communities through community groups, faith leaders and schools.

Health care NGOs, including the Kidney Foundation of Canada, Cystic Fibrosis Canada, Canadian Blood Services and the Heart and Stroke Foundation of Canada, continue to participate in strategic opportunities with TGLN to educate and register Ontarians.

Strengthening Volunteer Support

In 2013/14, TGLN supported 426 community events across Ontario, a seven percent increase over 2012/13. TGLN's community advocates, integral to increasing organ and tissue donor registrations in Ontario, participated in 80 percent of these community outreach activities. TGLN supported its advocates through speeches at 92 events and through the provision of marketing and public information material. TGLN continued to expand community outreach into low-registration areas in the GTA by supporting the launch of the Peel Region Gift of Life Association, bringing the total number of volunteer-led advocate associations across Ontario to 21.

For the second year, TGLN was proud to host its Advocate Summit in March 2014. The Summit was attended by 110 advocates from across Ontario, who met to share best practices in raising community awareness about organ and tissue donation and to prepare for Beadonor month and National Organ and Tissue Donation Awareness Week in April.

iTransplant has streamlined referral, screening and information-sharing to support donation.

OBJECTIVE 5

Enhance and sustain the Quality Management System (QMS) that supports continuous quality improvement and meeting of quality standards

Health Canada regulates and inspects compliance requirements for all aspects of the donation process. Health Canada commenced the TGLN audit in February 2013, finalizing the assessment in the first quarter of 2013/14.

The inspection assessed the requirements for donor screening; serology testing; packaging, labeling and storage of organs; facility-related information; exceptional distribution; reportable errors; accidents and/or adverse reactions; personnel numbers; and responsibilities, as well as records and quality-specific systems.

Based on the inspection's findings, TGLN achieved a "compliant" rating. The next Health Canada inspection is slated for 2015/16.

Fatima Baig, TGLN advocate and liver recipient, relisted.

...by being a hero through organ donation they can also become miracles for others...

At the age of three, I was diagnosed with primary sclerosing cholangitis, an autoimmune disease causing my liver to fail. I had a liver transplant in October 2004, at the age of 11, when my mother shared her liver with me.

I enjoyed six years of good health, but in January 2011 I was relisted for a second liver transplant. As Canada does not perform second living-donor transplants, I am currently listed for a deceased liver transplant.

People my age do not think about organ donation — thus when there is an unfortunate loss of young life, often arrangements have not been made to save other people's lives, and every three days one person dies waiting for an organ transplant.

Some ethnic immigrant communities, like mine, are too often hesitant to register consent for organ donation. This means that many people like me, who have rare blood groups, often have to wait a very long time for a suitable organ.

I am trying to spread awareness and help people understand that by being a hero through organ donation they can also become miracles for others, helping them live their lives to the fullest.

OBJECTIVE 6

Improve Information Systems (IS) to support efficient operations and evidence-based decision-making

Information systems (IS) are a key enabler driving system-wide improvements to increase organ and tissue donation and transplantation in Ontario. In 2013/14, IS made a significant impact in three key areas to advance improvements in donation and transplantation and contribute to the efficiency of TGLN operations:

- TGLN's new donor management system (DMS), iTransplant, went live in April 2013. iTransplant enables seamless, real-time online donor case management across the province. The system captures new and more detailed data on organ and tissue donation cases, enabling robust information collection on a wide variety of donation metrics to improve performance, decision-making and case management;
- TGLN made enhancements to the organ and tissue donation and transplantation information system, TOTAL, to improve and more equitably allocate liver and kidneys to patients waiting for transplantation in Ontario; and
- In collaboration with CBS, TGLN made significant progress toward facilitating Ontario's participation in the national, sensitized patient registry expected in spring 2014. Specifically, through seamless, automated transfer of information between TGLN and CBS, kidneys will be shared nationally for these patients.

HLA laboratory (tissue typing) University Health Network

Evolving technology enables us to match donors and recipients across the province and the country faster and more accurately.

OBJECTIVE 7

Recognize, reward and cultivate performance excellence

I look back with so much gratitude and look forward with so much hope.

TGLN initiated or completed implementation of systems and processes within our control to ensure that there are no organizational impediments to progress toward the achievement of stretch targets.

The most notable areas of progress include a stronger alignment of organizational, team and employee objectives, as well as recognition of achievement among teams and staff through enhancements in performance management and internal communications, such as town hall meetings, presentations to Board committees and the TGLN All-Stars peer-recognition program.

In 2003, I was diagnosed with congestive heart failure, caused by dilated cardiomyopathy. I had difficulty breathing one night and was rushed to a nearby hospital, where I was told that I had suffered a heart attack. At the time, I was not even aware I had a heart problem.

My heart was enlarged and functioning at less than 40 percent. After a short stay in hospital, I went home with a regimen of medicines. Over the next eight years, my condition worsened and I was hospitalized several times a year. My kidneys were also failing. There were so many simple things I could not do; I was constantly exhausted and needed assistance with everything.

I had end-stage heart failure and was being considered for a mechanical heart. However, before this became a reality, I got the call I was waiting for — and a new heart.

Life is so different now and gets better with each new day. My kidney function is normal. I can do things that I was unable to do for eight years. This gift has made the difference between just barely existing under a cloud of uncertainty and living a full and productive life. I look back with so much gratitude and look forward with so much hope.

My new life is possible because a perfect stranger registered to become an organ donor. I will be eternally grateful to my donor and his/her generous family for everything that I am now able to do and accomplish. The possibilities are endless.

Helen Farinha, heart recipient.

Appendix I–Tables for Tissues: 2011/12, 2012/13 and 2013/14

Table 1

Tissue Donation by Tissue Type

Tissue Donation	*FY 2013/14*	*FY 2012/13*	*FY 2011/12*
Ocular Donors	1,915	1,604	1,724
Skin Donations	26	39	30
Heart Valve Donations	46	76	47
Bone Donations	143	127	69
Tissue Donors	1,949	1,636	1,749

Table 2

Tissue Donors by Hospital

Hospital	*FY 2013/14*	*FY 2012/13*	*FY 2011/12*
Central and GTA Region			
Collingwood General & Marine Hospital	5		
Halton Healthcare Services Corporation	25	23	12
Humber River Regional Hospital	18	11	18
Huntsville District Memorial Hospital	2		
Huronia District Hospital	9		
Lakeridge Health Corporation	139	122	64
Mackenzie Health Corporation	19	24	
Markham Stouffville Hospital	22	7	
Mount Sinai Hospital	7	12	15
North York General Hospital	30	22	
Peterborough Regional Health Centre	38	13	12
Rouge Valley Health System	38	25	
Royal Victoria Hospital	29	57	63
Soldiers' Memorial Hospital	11		
South Muskoka Memorial Hospital	6		
Southlake Regional Health Centre	66	48	28
St. Joseph's Health Centre — Toronto	19	22	19
St. Michael's Hospital	64	56	56
Sunnybrook Health Sciences Centre	93	48	69
The Hospital for Sick Children	4	7	10
The Scarborough Hospital	46	39	33
Toronto East General Hospital	26	12	16
Trillium Health Partners	218	91	53
University Health Network	98	95	122
William Osler Health Centre	76	55	52
Other Hospitals of Central and GTA Region	17	30	53
Total for Central and GTA Region	**1,125**	**860**	**736**

Continued on page 23

Table 2 *(Continued from page 22)*

Tissue Donors by Hospital

Hospital	*FY 2013/14*	*FY 2012/13*	*FY 2011/12*
Eastern Ontario			
Children's Hospital of Eastern Ontario	3	1	3
Cornwall General Hospital	7		
Hôpital Montfort	4		
Kingston General Hospital	69	84	99
Pembroke Civic Hospital	1		
Pembroke General Hospital	1		
Queensway-Carleton Hospital	18		
The Ottawa Hospital	58	58	136
University of Ottawa Heart Institute	13		
Other Hospitals of Eastern Ontario	7	39	43
Total for Eastern Ontario	**213**	**182**	**281**
Northern Ontario			
Health Sciences North	60	70	79
Thunder Bay Regional Health Sciences Centre	18	25	64
Other Hospitals of Northern Ontario	2	13	6
Total for Northern Ontario	**80**	**108**	**149**
South Western Ontario			
Bluewater Health — Sarnia	22	19	8
Brantford General Hospital	10	10	
Cambridge Memorial Hospital	22		
Chatham-Kent Health Alliance	10	10	7
Grand River Hospital Corporation	30	10	43
Grey Bruce Health Services	6	4	
Guelph General Hospital	16	14	
Hamilton Health Sciences Centre	93	112	114
Joseph Brant Memorial Hospital	10	14	
Leamington District Memorial Hospital	0	1	1
London Health Sciences Centre	127	131	145
Niagara Health System	53	44	94
St. Joseph's Healthcare System — Hamilton	16	7	
St. Mary's General Hospital	27	30	
St. Thomas Elgin General Hospital	7	2	40
Stratford General Hospital	6	4	
Windsor Regional Hospital	9	13	22
Woodstock General Hospital	5	5	
Other Hospitals of South Western Ontario	4	10	20
Total for South Western Ontario	**519**	**470**	**558**
Total for Unknown Institutions	**12**	**16**	**25**
Total All Selected Hospitals	**1,949**	**1,636**	**1,749**

NOTE: Donors: Number of individual tissue donors from whom at least one type of tissue was recovered. All cases with no information on referring hospital are counted within "Unknown Institutions." Numbers are preliminary pending clinical verification.

Table 3

Organ Donation Performance Indicator Results (Tier 1 Hospitals)

Performance Indicator	*FY 2013/14*	*FY 2012/13*	*FY 2011/12*
Potential Organ Donors	325	337*	315*
Organ Donors	186	212	189
Referral Rate	99%	99%	98%
Declaration Rate	66%	75%	73%
Approach Rate	93%	92%	88%
Consent Rate	68%	71%	73%
Recovery Rate	82%	89%	85%
Conversion Rate	52%	63%	60%

Definitions

Potential organ donors: Under Trillium Gift of Life Network's (TGLN's) measurement system, potential organ donors are called potential eligible cases. There are three categories of potential eligible cases:

1. Cases with at least one documented declaration of brain death and free of exclusionary medical conditions;
2. Cases with documented clinical findings consistent with but not declared as brain death, also free of exclusionary medical conditions; and
3. Realized donation after cardiac death (DCD) cases.

An **organ donor** means that at least one organ from a deceased person is recovered and transplanted. That deceased person becomes an organ donor.
Referral rate is the percentage of probable cases referred to TGLN.
Declaration rate is the percentage of probable cases declared neurologically (brain) dead.
Approach rate is the percentage of cases minus those cases determined to be medically unsuitable or not brain dead before an approach is made.
Consent rate means the percentage of approached cases when consent has been obtained for deceased organ donation.
Recovery rate is the percentage of cases when consent was obtained and from which at least one organ is recovered and transplanted.
Conversion rate is the percentage of potential organ donors converted into actual donors.

* Revised subsequent to previous annual reports.

Table 4

Organ Donors from Ontario and Out-of-Province

Type of Donor	*FY 2013/14*	*FY 2012/13*	*FY 2011/12*
Deceased Donors from Ontario	223	247	222
NDD Donors from Ontario	170	189	181
DCD Donors from Ontario	53	58	41
Living Donors from Ontario	252	264	254
All Ontario Donors	**475**	**511**	**476**
Deceased Donors from Other Canadian Provinces	57	48	60
Deceased Donors from the United States	10	10	11
All Out-of-Province Donors	**67**	**58**	**71**

Definitions

NDD: Neurological determination of death
DCD: Donation after cardiac death

Table 5a

Deceased Organ Donors by Region and Hospital

Region/Hospital	*2013/2014*	*2012/2013*	*2011/2012*
Central and GTA	**99**	**101**	**97**
Halton Healthcare Services	0	4	2
Humber River Regional Hospital	6	1	
Lakeridge Health Corporation	3	3	5
Mackenzie Health Corporation	3	9	
Markham Stouffville Hospital	0	1	
Mount Sinai Hospital	2	0	1
North York General Hospital	4	1	
Peterborough Regional Health Centre	3	2	3
Rouge Valley Health System	3	4	
Royal Victoria Hospital	3	5	2
Southlake Regional Health Centre	1	4	8
St. Joseph's Health Centre — Toronto	1	0	1
St. Michael's Hospital	28	12	16
Sunnybrook Health Sciences Centre	8	21	14
The Hospital for Sick Children	5	8	6
The Scarborough Hospital	3	7	3
Toronto East General Hospital	0	0	
Trillium Health Partners	10	8	8
University Health Network	4	5	11
William Osler Health System	11	5	9
Other Hospitals	1	0	4
East	**21**	**27**	**34**
Children's Hospital of Eastern Ontario	2	2	4
Kingston General Hospital	6	9	9
The Ottawa Hospital	11	16	18
Other Hospitals	0	0	3
North	**14**	**23**	**16**
Health Sciences North	7	8	7
Thunder Bay Regional Health Sciences Centre	4	10	7
Other Hospitals	3	5	2

Continued on page 26

Table 5a *(Continued from page 25)*

Deceased Organ Donors by Region and Hospital

Region/Hospital	*2013/2014*	*2012/2013*	*2011/2012*
South West	**89**	**96**	**75**
Bluewater Health — Sarnia	2	2	2
Brantford General Hospital	0	0	
Chatham-Kent Health Alliance	0	0	
Grand River Hospital Corporation	3	3	2
Grey Bruce Health Services	2	2	
Guelph General Hospital	1	1	
Hamilton Health Sciences Centre	33	33	30
Joseph Brant Memorial Hospital	3	2	
Leamington District Memorial Hospital	0	0	
London Health Sciences Centre	29	32	25
Niagara Health System	3	2	1
St. Joseph's Healthcare System — Hamilton	1	2	
St. Mary's General Hospital	2	4	2
Stratford General Hospital	0	0	
Windsor Regional Hospital	9	0	1
Woodstock General Hospital	0	0	
Other Hospitals	1	3	4
Grand Total	**223**	**246**	**220**

NOTE: Blank entries indicate newly designated hospitals with no previous conversion rate data available.

Table 5b

Conversion Rate by Region and Hospital

Region/Hospital	*2013/2014*	*2012/2013*	*2011/2012*
Central and GTA			
Halton Healthcare Services	0%	57%	
Humber River Regional Hospital	43%	10%	
Joseph Brant Memorial Hospital	100%	67%	
Lakeridge Health Corporation	50%	75%	31%
Markham Stouffville Hospital	0%	33%	
Mount Sinai Hospital	100%	0%	
North York General Hospital	50%	50%	
Peterborough Regional Health Centre	60%	67%	
Rouge Valley Health System	18%	27%	
Royal Victoria Hospital	75%	83%	50%
South Muskoka Memorial Hospital	0%		
Southlake Regional Health Centre	100%	57%	
St. Joseph's Health Centre — Toronto	20%	0%	
St. Michael's Hospital	82%	46%	76%
Sunnybrook Health Sciences Centre	35%	51%	61%
The Hospital for Sick Children	63%	57%	46%
The Scarborough Hospital	25%	54%	50%
Toronto East General Hospital	0%	0%	
Trillium Health Centre	45%	50%	47%
University Health Network	25%	50%	79%
William Osler Health System	42%	22%	26%
Mackenzie Health	50%	50%	29%
Other Hospitals			
East			
Children's Hospital of Eastern Ontario	50%	67%	80%
Hôpital Montfort	0%		
Kingston General Hospital	67%	69%	69%
Queensway Carleton Hospital	0%		
The Ottawa Hospital	85%	94%	95%
University of Ottawa Heart Institute	50%		
Other Hospitals			
North			
Health Sciences North	78%	89%	70%
Thunder Bay Regional Health Sciences Centre	40%	50%	58%
Other Hospitals			

Continued on page 28

Table 5b *(Continued from page 27)*

Conversion Rate by Region and Hospital

Region/Hospital	*2013/2014*	*2012/2013*	*2011/2012*
South West			
Bluewater Health — Sarnia	50%	100%	
Brantford General Hospital	0%	0%	
Chatham-Kent Health Alliance	0%		
Cambridge Memorial Hospital	50%		
Grand River Hospital Corporation	100%	75%	22%
Grey Bruce Health Services	100%	100%	
Guelph General Hospital	20%	100%	
Hamilton Health Sciences Centre	69%	83%	75%
London Health Sciences Centre	63%	76%	74%
Niagara Health System	60%	100%	50%
St. Joseph's Health Centre — Hamilton	50%	100%	
St. Mary's General Hospital	50%	67%	100%
St. Thomas Elgin General Hospital	0%	0%	
Windsor Regional Hospital	53%	77%	57%
Other Hospitals			
Grand Total	**51%**	**57%**	**55%**

NOTE: Blank entries indicate newly designated hospitals with no previous conversion rate data available.

Table 6

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	*2013/14*			*2012/13*			*2011/12*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	55	0	55	56	0	56	52	0	52
Kidney	276	83	359	303	102	405	287	73	360
Liver	144	23	167	162	14	176	165	13	178
Lung	132	28	160	123	20	143	141	22	163
Pancreas — Islets	33	0	33	56	0	56	38	0	38
Pancreas — Whole	31	6	37	34	3	37	31	4	35
Small Bowel	0	0	0	2	0	2	0	0	0
Total	**671**	**140**	**811**	**736**	**139**	**875**	**714**	**112**	**826**

NOTE: Organs are counted as in calculation of organ yield.

Appendix II–Tables and Figures for Organs: 2011/12, 2012/13 and 2013/14

Table 7

Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	*2013/14*		*2012/13*		*2011/12*	
	Number of Donors	*Organ Yield*	*Number of Donors*	*Organ Yield*	*Number of Donors*	*Organ Yield*
DCD	53	2.64	58	2.4	41	2.73
NDD	170	3.95	189	3.89	181	3.94
Total	**223**	**3.64**	**247**	**3.54**	**222**	**3.72**

Organ Utilization			
Organ Type	*2013/14*	*2012/13*	*2011/12*
Heart	0.25	0.23	0.23
Kidney	0.80	0.82	0.81
Liver	0.74	0.69	0.78
Lung	0.36	0.29	0.37
Pancreas — Islets	0.15	0.23	0.17
Pancreas — Whole	0.17	0.15	0.15
Small Bowel	0.00	0.01	0.00

Table 8

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

Organ/s Transplanted	*2013/14*	*2012/13*	*2011/12*
Kidney from Deceased Donors	310	365	322
Kidney from Living Donors	199	207	203
Liver from Deceased Donors	160	175	186
Liver from Living Donors	53	57	51
Heart	70	70	71
Lung	124	101	114
Pancreas	13	16	9
Small Bowel	0	1	0
Kidney/Pancreas	29	25	28
Heart/Lung	0	0	0
Liver/Kidney	5	5	4
Liver/Heart	0	0	0
Liver/Bowel	0	2	0
Liver/Lung	1	2	0
Liver/Pancreas	0	0	0
Total	**964**	**1,026**	**988**

Table 9

Waiting List for Organ Transplants

Organ	*March 31, 2014*	*March 31, 2013*	*March 31, 2012*
Kidney	1,062	1,031	1,086
Liver	237	195	231
Heart	67	79	57
Lung	81	79	66
Pancreas	18	23	35
Small Bowel	2	1	0
Kidney/Pancreas	54	53	49
Heart/Lung	2	6	1
Total	**1,523**	**1,467**	**1,525**

Table 10

Deceased Organ Donation Funding to Hospitals (April 1, 2013–March 31, 2014)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Tier 1	**600**	**$480,000**	**312**	**$639,600**	**217**	**$683,550**	**$1,803,150**
Children's Hospital of Eastern Ontario	**6**	**$4,800**	**2**	**$4,100**	**2**	**$6,300**	**$15,200**
Children's Hospital of Eastern Ontario	6	$4,800	2	$4,100	2	$6,300	$15,200
Grand River Hospital Corporation	**9**	**$7,200**	**5**	**$10,250**	**4**	**$12,600**	**$30,050**
Grand River — Kitchener	9	$7,200	5	$10,250	4	$12,600	$30,050
Hamilton Health Sciences Centre	**69**	**$55,200**	**44**	**$90,200**	**37**	**$116,550**	**$261,950**
Hamilton General Hospital	62	$49,600	39	$79,950	32	$100,800	$230,350
McMaster Children's — Hamilton	5	$4,000	4	$8,200	4	$12,600	$24,800
Juravinski Hospital — Hamilton	2	$1,600	1	$2,050	1	$3,150	$6,800
Health Sciences North	**24**	**$19,200**	**12**	**$24,600**	**8**	**$25,200**	**$69,000**
Health Sciences North	24	$19,200	12	$24,600	8	$25,200	$69,000
Kingston General Hospital	**24**	**$19,200**	**12**	**$24,600**	**7**	**$22,050**	**$65,850**
Kingston General Hospital	24	$19,200	12	$24,600	7	$22,050	$65,850
Lakeridge Health Corporation	**12**	**$9,600**	**6**	**$12,300**	**3**	**$9,450**	**$31,350**
Lakeridge Health Oshawa	12	$9,600	6	$12,300	3	$9,450	$31,350
London Health Sciences Centre	**106**	**$84,800**	**50**	**$102,500**	**32**	**$100,800**	**$288,100**
Children's Hospital of Western Ontario	3	$2,400	1	$2,050	1	$3,150	$7,600
London — University Hospital	68	$54,400	28	$57,400	15	$47,250	$158,250
London — Victoria Hospital	35	$28,000	21	$43,050	16	$50,400	$121,450

Continued on page 31

Table 10 *(Continued from page 30)*

Deceased Organ Donation Funding to Hospitals (April 1, 2013–March 31, 2014)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Mackenzie Health	**9**	**$7,200**	**5**	**$10,250**	**5**	**$15,750**	**$33,200**
Mackenzie Richmond Hill (aka YCH)	9	$7,200	5	$10,250	5	$15,750	$33,200
Niagara Health System	**8**	**$6,400**	**4**	**$8,200**	**4**	**$12,600**	**$27,200**
Greater Niagara General	3	$2,400	1	$2,050	1	$3,150	$7,600
St. Catharines General	5	$4,000	3	$6,150	3	$9,450	$19,600
Royal Victoria Hospital	**7**	**$5,600**	**6**	**$12,300**	**4**	**$12,600**	**$30,500**
Royal Victoria Hospital — Barrie	7	$5,600	6	$12,300	4	$12,600	$30,500
St. Mary's General — Kitchener	**4**	**$3,200**	**2**	**$4,100**	**1**	**$3,150**	**$10,450**
St. Mary's General — Kitchener	4	$3,200	2	$4,100	1	$3,150	$10,450
St. Michael's Hospital	**54**	**$43,200**	**38**	**$77,900**	**30**	**$94,500**	**$215,600**
St. Michael's Hospital	54	$43,200	38	$77,900	30	$94,500	$215,600
Sunnybrook Health Sciences	**42**	**$33,600**	**20**	**$41,000**	**10**	**$31,500**	**$106,100**
Sunnybrook Health Sciences	42	$33,600	20	$41,000	10	$31,500	$106,100
The Hospital for Sick Children	**9**	**$7,200**	**5**	**$10,250**	**5**	**$15,750**	**$33,200**
The Hospital for Sick Children	9	$7,200	5	$10,250	5	$15,750	$33,200
The Ottawa Hospital	**32**	**$25,600**	**22**	**$45,100**	**14**	**$44,100**	**$114,800**
Ottawa Hospital — Civic	26	$20,800	17	$34,850	10	$31,500	$87,150
Ottawa Hospital — General	3	$2,400	3	$6,150	3	$9,450	$18,000
Ottawa Heart Institute	3	$2,400	2	$4,100	1	$3,150	$9,650
The Scarborough Hospital	**17**	**$13,600**	**5**	**$10,250**	**3**	**$9,450**	**$33,300**
Scarborough Birchmount	9	$7,200	2	$4,100	1	$3,150	$14,450
Scarborough General	8	$6,400	3	$6,150	2	$6,300	$18,850
Thunder Bay Regional Health Sciences Centre	**22**	**$17,600**	**6**	**$12,300**	**5**	**$15,750**	**$45,650**
Thunder Bay Regional	22	$17,600	6	$12,300	5	$15,750	$45,650
Trillium Health Partners	**40**	**$32,000**	**15**	**$30,750**	**11**	**$34,650**	**$97,400**
Trillium Health — Credit Valley Hospital	9	$7,200	1	$2,050	1	$3,150	$12,400
Trillium Health Partners — Mississauga Hospital	31	$24,800	14	$28,700	10	$31,500	$85,000
University Health Network	**30**	**$24,000**	**14**	**$28,700**	**8**	**$25,200**	**$77,900**
Toronto General Hospital	7	$5,600	2	$4,100	1	$3,150	$12,850
Toronto Western Hospital	23	$18,400	12	$24,600	7	$22,050	$65,050
William Osler Health System	**40**	**$32,000**	**18**	**$36,900**	**12**	**$37,800**	**$106,700**
William Osler — Brampton	29	$23,200	14	$28,700	9	$28,350	$80,250
William Osler — Etobicoke	11	$8,800	4	$8,200	3	$9,450	$26,450
Windsor Regional Hospital Corporation	**36**	**$28,800**	**21**	**$43,050**	**12**	**$37,800**	**$109,650**
Windsor Regional Hospital — Metropolitan Campus	4	$3,200	2	$4,100	1	$3,150	$10,450
Windsor Regional Hospital — Ouellette Campus	32	$25,600	19	$38,950	11	$34,650	$99,200

Continued on page 32

Table 10 *(Continued from page 31)*

Deceased Organ Donation Funding to Hospitals (April 1, 2013–March 31, 2014)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Non-Tier	**159**	**$127,200**	**71**	**$145,550**	**42**	**$132,300**	**$405,050**
Bluewater Health	**8**	**$6,400**	**2**	**$4,100**	**2**	**$6,300**	**$16,800**
Bluewater Health — Sarnia/Norman Site	8	$6,400	2	$4,100	2	$6,300	$16,800
Brantford General Hospital	**2**	**$1,600**	**1**	**$2,050**	**0**	**$0**	**$3,650**
Brantford General Hospital	2	$1,600	1	$2,050	0	$0	$3,650
Cambridge Memorial Hospital	**2**	**$1,600**	**2**	**$4,100**	**1**	**$3,150**	**$8,850**
Cambridge Memorial Hospital	2	$1,600	2	$4,100	1	$3,150	$8,850
Chatham-Kent Health Alliance	**3**	**$2,400**	**2**	**$4,100**	**1**	**$3,150**	**$9,650**
Chatham-Kent Health Alliance	3	$2,400	2	$4,100	1	$3,150	$9,650
Collingwood General & Marine Hospital	**1**	**$800**	**1**	**$2,050**	**0**	**$0**	**$2,850**
Collingwood General & Marine Hospital	1	$800	1	$2,050	0	$0	$2,850
Cornwall General Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Cornwall General Hospital	1	$800	0	$0	0	$0	$800
Georgian Bay General Hospital	**2**	**$1,600**	**1**	**$2,050**	**0**	**$0**	**$3,650**
Georgian Bay General Hospital — Midland Site	2	$1,600	1	$2,050	0	$0	$3,650
Grey Bruce Regional Health Services	**4**	**$3,200**	**4**	**$8,200**	**2**	**$6,300**	**$17,700**
Grey Bruce Regional Health Services	4	$3,200	4	$8,200	2	$6,300	$17,700
Guelph General Hospital	**5**	**$4,000**	**3**	**$6,150**	**1**	**$3,150**	**$13,300**
Guelph General Hospital	5	$4,000	3	$6,150	1	$3,150	$13,300
Halton Healthcare Services	**9**	**$7,200**	**2**	**$4,100**	**0**	**$0**	**$11,300**
Oakville Trafalgar Memorial	9	$7,200	2	$4,100	0	$0	$11,300
Hôpital Montfort	**3**	**$2,400**	**0**	**$0**	**0**	**$0**	**$2,400**
Hôpital Montfort	3	$2,400	0	$0	0	$0	$2,400
Humber River Regional Hospital	**12**	**$9,600**	**6**	**$12,300**	**6**	**$18,900**	**$40,800**
Humber River — Church Street	4	$3,200	2	$4,100	2	$6,300	$13,600
Humber River — York Finch Site	8	$6,400	4	$8,200	4	$12,600	$27,200
Huron Perth Health Alliance	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Stratford General Hospital	1	$800	0	$0	0	$0	$800
Joseph Brant Memorial Hospital	**4**	**$3,200**	**3**	**$6,150**	**3**	**$9,450**	**$18,800**
Joseph Brant Memorial Hospital	4	$3,200	3	$6,150	3	$9,450	$18,800
Leamington District Memorial	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Leamington District Memorial	1	$800	0	$0	0	$0	$800
Markham Stouffville Hospital	**4**	**$3,200**	**1**	**$2,050**	**0**	**$0**	**$5,250**
Markham Stouffville Hospital	4	$3,200	1	$2,050	0	$0	$5,250
Mount Sinai Hospital	**4**	**$3,200**	**2**	**$4,100**	**2**	**$6,300**	**$13,600**
Mount Sinai Hospital	4	$3,200	2	$4,100	2	$6,300	$13,600
North Bay Regional Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
North Bay Regional Hospital	1	$800	0	$0	0	$0	$800

Continued on page 33

Table 10 *(Continued from page 32)*

Deceased Organ Donation Funding to Hospitals (April 1, 2013–March 31, 2014)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
North York General Hospital	**15**	**$12,000**	**7**	**$14,350**	**5**	**$15,750**	**$42,100**
North York General Hospital	15	$12,000	7	$14,350	5	$15,750	$42,100
Northumberland Health Care Corporation	**1**	**$800**	**1**	**$2,050**	**1**	**$3,150**	**$6,000**
Northumberland Hills Hospital — Cobourg	1	$800	1	$2,050	1	$3,150	$6,000
Pembroke Regional Hospital	**2**	**$1,600**	**0**	**$0**	**0**	**$0**	**$1,600**
Pembroke Civic Hospital	1	$800	0	$0	0	$0	$800
Pembroke General Hospital	1	$800	0	$0	0	$0	$800
Peterborough Regional Health Centre	**16**	**$12,800**	**8**	**$16,400**	**3**	**$9,450**	**$38,650**
Peterborough Regional Health Centre	16	$12,800	8	$16,400	3	$9,450	$38,650
Queensway Carleton Hospital	**4**	**$3,200**	**1**	**$2,050**	**0**	**$0**	**$5,250**
Queensway Carleton Hospital	4	$3,200	1	$2,050	0	$0	$5,250
Quinte Healthcare Corporation	**2**	**$1,600**	**1**	**$2,050**	**1**	**$3,150**	**$6,800**
Belleville General Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Rouge Valley Health System	**12**	**$9,600**	**5**	**$10,250**	**3**	**$9,450**	**$29,300**
Rouge Valley Ajax	5	$4,000	2	$4,100	1	$3,150	$11,250
Rouge Valley Centenary	7	$5,600	3	$6,150	2	$6,300	$18,050
Sault Area Hospital	**8**	**$6,400**	**4**	**$8,200**	**3**	**$9,450**	**$24,050**
Sault Ste. Marie General	8	$6,400	4	$8,200	3	$9,450	$24,050
Soldiers' Memorial Hospital	**4**	**$3,200**	**3**	**$6,150**	**1**	**$3,150**	**$12,500**
Soldiers' Memorial Hospital	4	$3,200	3	$6,150	1	$3,150	$12,500
Southlake Regional Health Centre	**4**	**$3,200**	**3**	**$6,150**	**2**	**$6,300**	**$15,650**
Southlake Regional Health Centre	4	$3,200	3	$6,150	2	$6,300	$15,650
St. Joseph's Health Centre — Toronto	**4**	**$3,200**	**2**	**$4,100**	**2**	**$6,300**	**$13,600**
St. Joseph's Health Centre — Toronto	4	$3,200	2	$4,100	2	$6,300	$13,600
St. Joseph's Healthcare — Hamilton	**4**	**$3,200**	**2**	**$4,100**	**1**	**$3,150**	**$10,450**
St. Joseph's Healthcare — Hamilton	4	$3,200	2	$4,100	1	$3,150	$10,450
St. Thomas Elgin General Hospital	**1**	**$800**	**1**	**$2,050**	**0**	**$0**	**$2,850**
St. Thomas Elgin General Hospital	1	$800	1	$2,050	0	$0	$2,850
St. Mary's General Hospital	**3**	**$2,400**	**1**	**$2,050**	**1**	**$3,150**	**$7,600**
St. Mary's General — Kitchener	3	$2,400	1	$2,050	1	$3,150	$7,600
Timmins & District Hospital	**1**	**$800**	**1**	**$2,050**	**1**	**$3,150**	**$6,000**
Timmins & District Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Toronto East General Hospital	**9**	**$7,200**	**1**	**$2,050**	**0**	**$0**	**$9,250**
Toronto East General Hospital	9	$7,200	1	$2,050	0	$0	$9,250
Woodstock General Hospital	**2**	**$1,600**	**0**	**$0**	**0**	**$0**	**$1,600**
Woodstock General Hospital	2	$1,600	0	$0	0	$0	$1,600
Grand Total	**759**	**$607,200**	**383**	**$785,150**	**259**	**$815,850**	**$2,208,200**

Figure 1

Percentage of Registered Donors Among Health Card Holders Aged 16 Years+

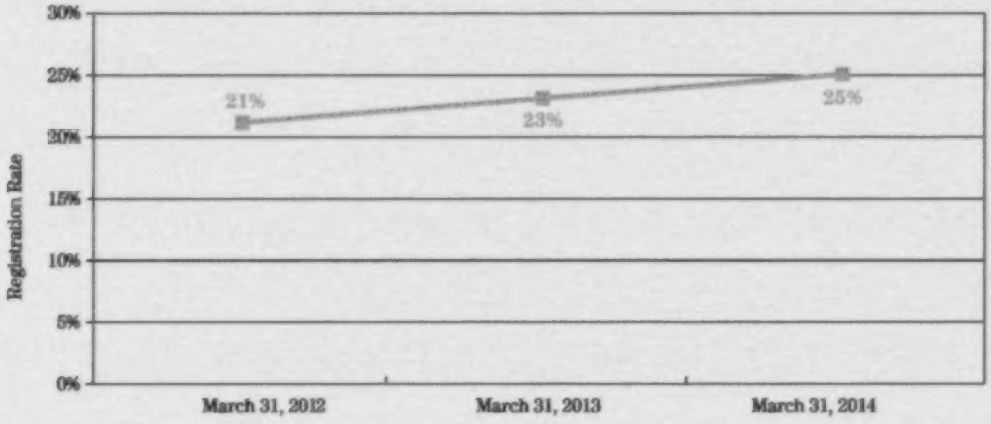
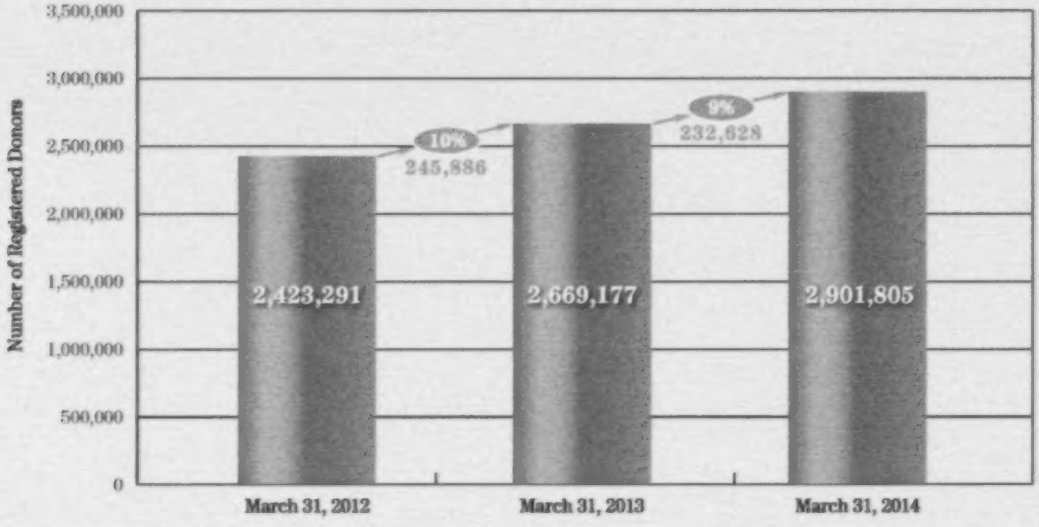


Figure 2

Growth in Registered Donors



Appendix III – Board of Directors as of March 31, 2014

Board of Directors	*Tenure*	*Re-Appointed*	*Term Expires*
Rabbi Dr. Reuven P. Bulka, Chair	December 1, 2004	June 1, 2013	June 1, 2016
Diane Craig	December 8, 2004	December 8, 2013	December 8, 2016
Christine Clark Lafleur	September 3, 2008	September 3, 2012	September 3, 2015
Dr. Kenneth Pritzker	March 3, 2010	March 3, 2014	March 3, 2017
Karen Belaire	January 4, 2011	January 4, 2014	January 4, 2017
Fazilah Hussain	May 4, 2011	May 4, 2014	May 4, 2017
Dr. Vivek Rao	November 14, 2012	November 14, 2013	November 14, 2016
Grant Hagerty	November 14, 2012	November 14, 2013	November 14, 2016
James Martin Ritchie	January 9, 2013	January 9, 2014	January 9, 2017
Ross Parry	August 28, 2013	N/A	August 28, 2016

Appendix IV – Management Group as of March 31, 2014

Ronnie Gavsie ..... *President and Chief Executive Officer*
Dr. Sonny Dhanani..... *Chief Medical Officer, Donation*
Dr. Jeff Zaltzman..... *Chief Medical Officer, Transplant*
Janet MacLean ..... *Vice-President, Clinical Affairs*
Versha Prakash..... *Vice-President, Operations*
Julie Trpkovski..... *Vice-President, Transplant*
Dr. Andrew Healey..... *Regional Donation Medical Lead*
Dr. Karim Soliman ..... *Regional Donation Medical Lead*
Clare Payne ..... *Director, Provincial Resource Centre*
Janice Beitel ..... *Director, Hospital Programs, Education and Professional Practice*
Karen Johnson ..... *Director, Hospital Programs and Family Services*
Tanya-Lisa Elston ..... *Director, Communications and Public Affairs*
Anne-Marie Graham ..... *Director, Tissue*
John Hanright ..... *Director, Quality Assurance and Performance Improvement*
John Lohrenz ..... *Director, Performance Management and Evaluation, Transplant*
Tony Nacev ..... *Director, Finance, Human Resources and Administration*
Keith Wong ..... *Co-Director, Information Systems*
Kulbir Bal ..... *Co-Director, Information Systems*
Mary Ellen Armstrong ..... *Manager, Communications*
Christine Humphreys ..... *Manager, Provincial Resource Centre — Tissue*
Victoria Leist ..... *Manager, Provincial Resource Centre — Organ*
Robert Sanderson ..... *Manager, Hospital Programs*
Shoshana Klein ..... *Manager, Human Resources*
Dan Tsujiuchi ..... *Manager, Finance*
Jonathan Chui ..... *Manager, Informatics*

Financial Statements

Trillium Gift of Life Network

March 31, 2014

Building a better working world

INDEPENDENT AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statement of financial position as at March 31, 2014 and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2014 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Toronto, Canada,
June 9, 2014.

Chartered Accountants
Licensed Public Accountants

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2014 $	2013 $
ASSETS		
Current		
Cash and cash equivalents	**6,283,054**	7,043,274
HST recoverable	**630,177**	659,316
Other receivables	**6,085**	5,360
Prepaid expenses	**186,190**	192,705
Total current assets	**7,105,506**	7,900,655
Capital assets, net *[note 3]*	**1,149,827**	1,250,335
Total assets	**8,255,333**	9,150,990
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**5,443,851**	6,085,587
Deferred contributions *[note 4]*	**990,388**	1,285,950
Total current liabilities	**6,434,239**	7,371,537
Deferred funding for capital assets *[note 5]*	**900,324**	1,025,391
Total liabilities	**7,334,563**	8,396,928
Commitments *[note 9]*		
Net assets		
Unrestricted	**488,053**	408,506
Board restricted *[note 6]*	**432,717**	345,556
Total net assets	**920,770**	754,062
	8,255,333	9,150,990

See accompanying notes

On behalf of the Board:

Director

Director

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Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2014 $	2013 $
REVENUE		
Ontario Ministry of Health and Long-Term Care *[note 4]*		
Operations	**23,419,839**	21,547,367
Transportation Services to Support Organ & Tissue Donation Managed Fund	**2,526,188**	—
Deceased Organ Donation Managed Fund	**2,205,625**	1,726,400
Regenmed Managed Fund	**559,438**	—
PRELOD Managed Fund	**150,983**	169,586
TPER Managed Fund	**212,294**	101,253
Amortization of deferred funding for capital assets *[note 5]*	**331,621**	264,913
Interest income	**79,547**	87,720
Donations *[note 6]*	**126,684**	128,154
	29,612,219	24,025,393
EXPENSES		
Salaries and employee benefits *[note 7]*	**15,590,323**	13,708,019
Communications	**2,742,819**	3,185,214
General and administrative	**1,582,958**	1,109,501
Medical supplies and testing	**1,523,778**	1,590,461
Information systems	**1,170,329**	894,814
Office rent and maintenance	**649,180**	539,239
Amortization of capital assets	**492,073**	403,841
Community projects *[note 6]*	**39,523**	—
Deceased Organ Donation Managed Fund	**2,205,625**	2,107,591
Transportation Services to Support Organ & Tissue Donation Managed Fund	**2,526,188**	—
Regenmed Managed Fund	**559,438**	—
PRELOD Managed Fund	**150,983**	169,586
TPER Managed Fund	**212,294**	101,253
	29,445,511	23,809,519
Excess of revenue over expenses for the year	**166,708**	215,874

See accompanying notes

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Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2014		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	**408,506**	**345,556**	**754,062**
Excess of revenue over expenses for the year	**166,708**	—	**166,708**
Interfund transfers, net *[note 6]*	**(87,161)**	**87,161**	—
Net assets, end of year	**488,053**	**432,717**	**920,770**

	2013		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	320,786	217,402	538,188
Excess of revenue over expenses for the year	215,874	—	215,874
Interfund transfers, net *[note 6]*	(128,154)	128,154	—
Net assets, end of year	408,506	345,556	754,062

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2014 $	2013 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**166,708**	215,874
Add (deduct) items not involving cash		
Amortization of capital assets	**492,073**	403,841
Amortization of deferred funding for capital assets	**(331,621)**	(264,913)
	327,160	354,802
Changes in non-cash working capital balances related to operations		
HST recoverable	**29,139**	326,896
Other receivables	**(725)**	4,904
Prepaid expenses	**6,515**	(122,986)
Accounts payable and accrued liabilities	**(641,736)**	(4,333,198)
Deferred contributions	**(89,008)**	2,166,933
Cash used in operating activities	**(368,655)**	(1,602,649)
CAPITAL ACTIVITIES		
Acquisition of capital assets	**(391,565)**	(1,029,373)
Cash used in investing activities	**(391,565)**	(1,029,373)
Net decrease in cash and cash equivalents during the year	**(760,220)**	(2,632,022)
Cash and cash equivalents, beginning of year	**7,043,274**	9,675,296
Cash and cash equivalents, end of year	**6,283,054**	7,043,274

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

March 31, 2014

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002 to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a registered charity under the Income Tax Act (Canada), the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with the Public Sector ["PS"] Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include Sections PS 4200 to PS 4270. The significant accounting policies followed in the preparation of these financial statements are summarized below:

Revenue recognition

The Network follows the deferral method of accounting for contributions, which include grants and donations. Grants are recognized in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Donations are recorded when received since pledges are not legally enforceable claims. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at the date of purchase.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2014

Financial instruments

Financial instruments, including HST recoverable, other receivables and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Computer software	3 - 5 years
Computer hardware	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed on an accrual basis.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities as at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2014

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

3. CAPITAL ASSETS

Capital assets consist of the following:

	2014		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	802,909	591,832	211,077
Leasehold improvements	887,560	644,222	243,338
Computer software	1,530,042	1,173,310	356,732
Computer hardware	1,120,105	781,425	338,680
	4,340,616	3,190,789	1,149,827

	2013		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	640,431	486,831	153,600
Leasehold improvements	887,560	521,443	366,117
Computer software	1,401,125	1,077,012	324,113
Computer hardware	1,019,935	613,430	406,505
	3,949,051	2,698,716	1,250,335

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NOTES TO FINANCIAL STATEMENTS

March 31, 2014

4. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	2014 $	2013 $
Balance, beginning of year	**1,285,950**	131,457
Contributions received	**30,105,700**	25,715,800
Amount recognized as revenue	**(29,015,054)**	(23,544,606)
Amount transferred to deferred capital contributions	**(206,554)**	(1,012,440)
Amount transferred from (to) accrued liabilities	**106,000**	(4,261)
Amount repaid to the Ontario Ministry of Health and Long-Term Care related to prior year funding	**(1,285,654)**	—
Balance, end of year	**990,388**	1,285,950

5. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2014 $	2013 $
Balance, beginning of year	**1,025,391**	277,864
Add contributions transferred from deferred contributions	**206,554**	1,012,440
Less amortization of deferred funding for capital assets	**(331,621)**	(264,913)
Balance, end of year	**900,324**	1,025,391

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6. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $126,684 [2013 - $128,154] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of community projects during the year from the Board restricted net assets of $39,523 [2013 - nil] for a net transfer from unrestricted net assets to Board restricted net assets of $87,161 [2013 - $128,154].

7. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, highest consecutive earnings, contributory pension plan. The plan is accounted for as a defined contribution plan since the Network has insufficient information to apply defined benefit plan accounting.

The Network's contributions to HOOPP during the year amounted to $973,244 [2013 - $810,726] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2013 disclosed net assets available for benefits of $51,626 million with pension obligations of $41,478 million, resulting in a surplus of $10,148 million.

8. FINANCIAL INSTRUMENTS

The Network's financial instruments consist of cash and cash equivalents, HST recoverable, other receivables, and accounts payable. Management is of the opinion that the Network is not exposed to significant financial risks arising from these financial instruments.

Liquidity risk

The Network is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Network derives a significant portion of its operating revenue from the Ontario government with no firm commitment of funding in future years. To manage liquidity risk, the Network keeps sufficient resources readily available to meet its obligations. Accounts payable mature within six months.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2014

9. LEASE COMMITMENTS

Future minimum annual payments under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2015	512,735
2016	319,171
2017	69,079
2018	6,446

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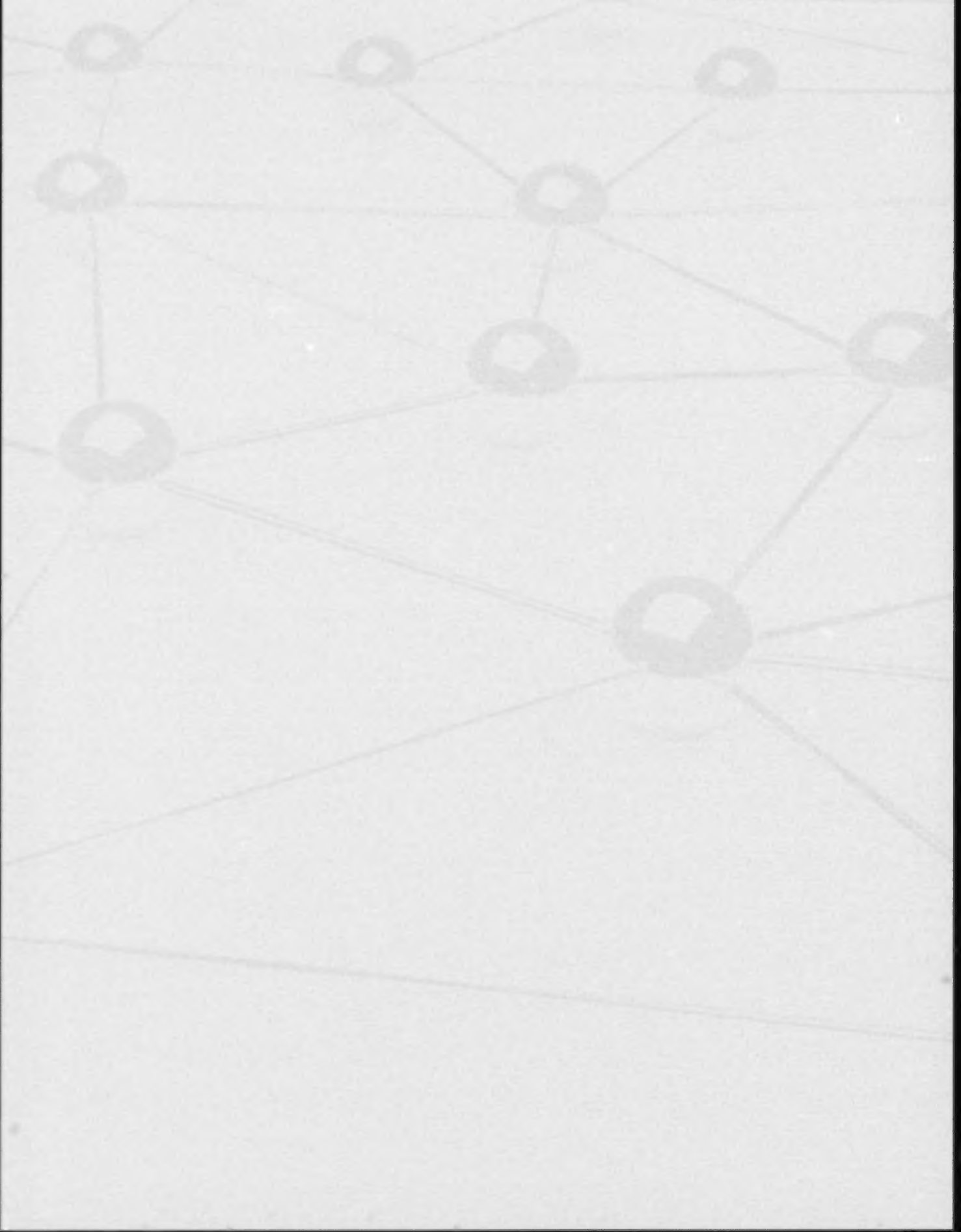

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